

SENATE BILL REPORT

2SHB 2055

As Reported By Senate Committee On:
Health & Long-Term Care, March 22, 2007
Ways & Means, April 2, 2007

Title: An act relating to traumatic brain injury.

Brief Description: Concerning traumatic brain injuries.

Sponsors: House Committee on Appropriations (originally sponsored by Representatives Flannigan, Ahern, McCoy, Ormsby and Santos).

Brief History: Passed House: 3/08/07, 96-2.

Committee Activity: Health & Long-Term Care: 3/22/07 [DPA-WM, w/oRec].
Ways & Means: 3/30/07, 4/02/07 [DPA].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: Do pass as amended and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Franklin, Vice Chair; Fairley, Kastama and Kohl-Welles.

Minority Report: That it be referred without recommendation.

Signed by Senators Pflug, Ranking Minority Member; Carrell and Parlette.

Staff: Mich'l Needham (786-7442)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: Do pass as amended.

Signed by Senators Prentice, Chair; Fraser, Vice Chair, Capital Budget Chair; Pridemore, Vice Chair, Operating Budget; Zarelli, Ranking Minority Member; Brandland, Carrell, Fairley, Hatfield, Hobbs, Honeyford, Keiser, Kohl-Welles, Oemig, Parlette, Rasmussen, Regala, Roach, Rockefeller, Schoesler and Tom.

Staff: Chelsea Buchanan (786-7446)

Background: The Centers for Disease Control estimates that 1.4 million Americans sustain traumatic brain injuries (TBIs) every year. Approximately 44 percent of brain injuries are caused by motor vehicle accidents. Other leading causes include falls, assaults with firearms, and sports and recreational injuries. The federal government created the Traumatic Brain Injury Program (Program) to improve access to health and other services regarding TBI. The

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Program competitively awards state planning, implementation, and post-demonstration grants. Washington has received grants under this Program in the amount of \$100,000 for the purpose of building the system and the infrastructure to deliver services to individuals with TBI. The Program is being administered through the Aging and Disability Services Administration in the Department of Social and Health Services (DSHS).

Summary of Second Substitute Bill: The Washington Traumatic Brain Injury Strategic Partnership Advisory Council (Council) is created within DSHS. The Council will collaborate with DSHS to develop a comprehensive statewide plan to address the needs of individuals with TBIs, and provide recommendations on criteria to be used to select programs facilitating support groups. The twenty-four council members will be appointed by the Governor, and represent a wide array of state agency expertise, TBI expertise, medical and clinical experience, and individuals with TBI and family members. DSHS must designate a staff person to coordinate policies, programs, and services for individuals with TBIs; and provide staff support to the Council. The Department and Council must provide a preliminary report to the Legislature and the Governor by December 1, 2007, and a final report by December 1, 2008, with recommendations for a comprehensive statewide plan to address the needs of individuals with TBIs. The report must consider provider building capacity and provider training; improving the coordination of services; the feasibility of establishing agreements with private sector agencies to develop services for individuals with TBIs; and other areas the advisory council deems appropriate.

By December 1, 2007, and December of each year, DSHS must report to the Legislature on the action taken by the department to meet the needs of individuals with TBIs and recommendations for improvements in services.

DSHS must provide information and referral services to individuals with TBI until the statewide referral and information network is developed. By December 1, 2007, DSHS is required to institute, in collaboration with the Council, a public awareness campaign that utilizes state or federal funding to leverage a private advertising campaign to promote awareness of TBIs through all forms of media including television, radio, and print. By March 1, 2008, DSHS is required to provide funding to programs that facilitate support groups to individuals with TBIs and their families.

The Traumatic Brain Injury Account is created within the State Treasurer. The department may authorize spending on information and services related to the public awareness campaign, support groups, or information and referral services. The account is funded by fees collected as part of a reissuing fee on licenses that have been suspended for driving under the influence. The reissuing fee is increased from \$150 to \$200. Twenty-four percent of each fee collected must be deposited into the account.

EFFECT OF CHANGES MADE BY RECOMMENDED AMENDMENT(S) AS PASSED COMMITTEE (Health & Long-Term Care): The bill is named the Tommy Manning Act. The Council is established as a council to the Governor, the Legislature, and the Secretary of DSHS, and is no longer placed within DSHS. The Council must consider utilizing the Department of Information Services to develop the statewide registry, and DSHS may not use the TBI account for staffing. The revenue source is changed from an increased fee on suspended licenses to an additional \$2 fee on traffic infractions.

EFFECT OF CHANGES MADE BY RECOMMENDED STRIKING AMENDMENT(S) AS PASSED COMMITTEE (Ways & Means): The changes made are the same as those made by the Health and Long-Term Care Committee, with one exception; DSHS may use the TBI account for staffing support for the council.

Appropriation: None.

Fiscal Note: Available. New fiscal note requested on March 30, 2007.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony (Health & Long-Term Care): PRO: Tommy Manning has been a tireless advocate for TBI victims and helping us understand the lack of services that are available. This bill is a beginning and helps us set up the structure to support services in the community. The TBI victims will be increasing, as an estimated 1 in 5 Iraq veterans will return from service with a TBI. This bill will help build awareness on the Indian Reservations and help us with a tremendous problem.

Persons Testifying (Health & Long-Term Care): PRO: Representative Flannigan, prime sponsor; Senator Regala; Tommy Manning, TBI victim; Skip Dreps, Northwest Chapter of Paralyzed Veterans of America; John Ernest Berry III, TBI victim; Marlene Davis, TBI Advisor - American Indian; Constance Miller, Brain Injury Resource Center.

Staff Summary of Public Testimony (Ways & Means): PRO: As a brain injury survivor, it was very difficult to cope with seizures, headaches, and poor short-term memory; people didn't understand. Very little information is available and the public is not aware. The public awareness campaign in the bill is very important. The advisory group created in the bill has the right people on it. Support groups are currently funded by donations but could do more if they had public funding. Washington doesn't have enough services for traumatic brain injury; my son is being served in Oregon. The window of opportunity to apply for federal grants is closing and state funding is needed to encourage future federal grants. Twenty percent of returning veterans from Iraq and Afghanistan will have some type of brain injury.

Persons Testifying (Ways & Means): PRO: Penny Condoll, Tacoma Brain Injury Support Group; R. Keith Nicholson, advocate and father; Skip Dreps, Northwest Chapter of Paralyzed Veterans of America.